



# WITHDRAWAL EXCEPTION REQUEST

This form is used for students who are requesting an exception to the refund policy due to medical or military circumstances or a late withdrawal without refund.

<b>Office Use only</b>
Date received: _____
Staff initials: _____

**Spokane Falls Community College**  
 Registration Office - MS 3010  
 3410 W Whistalks Way | Spokane, WA 99224  
 509-533-3500 | SFCC.admissions@sfcc.spokane.edu

**Spokane Community College**  
 Registration Office – MS 2151  
 1810 N Greene St | Spokane, WA 99217  
 509-533-8860 | SCC.Reg-Office@scc.spokane.edu

**Directions:** Complete this form to request a Withdrawal Exception. Return the completed and signed form along with the required supporting documentation to the college by electronic submission, email, fax, in-person, or mail. Once all documents are received you will be notified of the decision on your appeal within 10 business days. Please note that an approved exception may affect your financial aid. Discuss what that means for you with the Financial Aid Office.

### Student Information

Name: \_\_\_\_\_ ID Number \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### Term Information

Which term are you withdrawing from? Year 20  Fall  Winter  Spring  Summer  
 Last date of attendance \_\_\_\_\_  
 Requests for a Withdrawal Exception must be received in writing by the last day of the quarter immediately following the quarter for which you are submitting the exception. For example, if you are requesting an exception for classes in Spring Quarter, you must submit a request by the last day of the following Summer Quarter. Requests after the end of the following quarter are not accepted.

### Student Statement

Provide a statement of why you, the student, are requesting the exception. The written statement must include a detailed description of your exception request, the outcome you are asking for, and your signature and date.

### Medical Exception

Provide a letter on business letterhead from your healthcare provider. Do not submit medical records or after-visit summaries. The letter from your healthcare provider must contain:

- o Your name
- o Statement by your medical professional saying that you were unable to attend classes and the dates that attendance was not possible.
- o Signature of your medical professional.

### Military Exception

Provide a copy of PCS or TDY military orders

### Other Exceptions

Provide a statement explaining why you were unable to drop yourself from classes by the withdrawal deadline. If you have documentation that supports your explanation, include that as well. This option does not result in a refund but may be approved for a late withdrawal only.

I understand that by turning in my Withdrawal Exception Request Form, I am approving the college to officially withdraw me from class(es) if this request is approved.

**Signature of student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### For Office Use Only

Comments/Action: \_\_\_\_\_  Approved /  Denied  
 Administrator (or designee) signature: \_\_\_\_\_ Date: \_\_\_\_\_